PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 5 should be completed where

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
27964 7	590 05/11/2006				rtificate of Mailing or Tra		
HITT GAINES P.C.				I hereby certify that t	I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2888, on the date indicated below.		
P.O. BOX 832570				States Postal Service addressed to the Ma	with sufficient postage for f il Ston ISSUE FEE addres	irst class mail in an envelope is above, or being facsimile	
RICHARDSON, TX 75083				transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				Elizabet	h Schumache	(Depositor's name)	
				6/2	To dr. 10	A LANGE (Signature)	
				1000	apein con	CCVVC 10-	
				July	31, 2006) (Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/756,471	09/756,471 01/08/2001		Alasdhair Campbell		800431	7317	
TITLE OF INVENTION: C	CUSTOMER COMMUNICA	TION SERVICE S	SYSTEM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	08/11/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	1		
GAUTHIER, GERALD		2614		379-265090	•		
1. Change of correspondent CFR 1.363).	e address or indication of "Fe	ee Address* (37	2. For pri	nting on the patent front page, li			
		C	(1) the na	mes of up to 3 registered pater	nt attorneys 1		
				OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form				(2) the name of a single firm (having as a member a registered altorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME ANI	RESIDENCE DATA TO B	E PRINTED ON T	THE PATEN	T (print or type)			
PLEASE NOTE: Unless recordation as set forth i	s an assignee is identified be	elow, no assignee	data will app	sear on the patent. If an assign for filing an assignment,	see is identified below, the	document has been filed for	
(A) NAME OF ASSIGN		or and rotter to reco		NCE: (CITY and STATE OR O			
Aastra	Intecom Inc	_	Fri:	sco, Texas			
				natent): Individual 🛭 C			
r lease check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	natent): Lindividual CiC	orporation or other private gi	roup entity Government	
4a. The following fec(s) are	enclosed:	4b	Payment of				
Issue Fec A check in the amount of the fee(s) is enclosed.							
				by credit card, Form PTO-2038			
Advance Order - # o	f Copies		Deposit A	ctor is hereby authorized by cha Account Number	rge the required fee(s), or cn (enclose an ext	edit any overpayment, to ra copy of this form).	
5. Change in Entity Status	(from status indicated above)		~			
	MALL ENTITY status. See :			ant is no longer claiming SMA			
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	e Fee and Publicat vill not be accepted int and Trademark	ion Fee (if ar I from anyon Office.	ny) or to re-apply any previousl e other than the applicant; a regi	y paid issue fee to the applic istered attorney or agent; or t	ation identified above, he assignee or other party in	
Authorized Signature	Minmy S.	Heisz		DateJu	ıly 31, 2006		
Typed or printed name_	J mmy L He	isz 🔘)	Registration N	38,9	914	
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandra, Virg	on is required by 37 CFR 1.3 ity is betweened by 35 U.S.C. oplication form to the USPT's for reducing this burden, sh inia 22313-1450. DO NOT 8	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C	n is required 1.14. This col depending up Chief Inform OMPLETED	to obtain or retain a benefit by t llection is estimated to take 12 a son the individual case. Any conation Officer, U.S. Patent and D FORMS TO THIS ADDRESS			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.